

Winash Limited

Winash Rest Home

Inspection report

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Clevedon
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Winash Rest Home provides care and accommodation for up to 32 older people. At the time of our inspection there were 29 people living at the home. The home is not purpose built and has accommodation arranged over three floors; there is one passenger lift. On the ground floor and first floor there are bedrooms and communal facilities. The remaining bedrooms are on the second floor. The home is situated in a residential area of Clevedon.

The inspection took place on 26 April 2016 and was unannounced.

There were two registered managers in post. One of the registered managers was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives said the home was a safe place. Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored correctly and securely.

Staffing levels were good and people also received good support from health and social care professionals. Risk assessments had been carried out and they contained guidance for staff on protecting people.

People were complimentary of the food provided. Where people required specialised diets these were prepared appropriately.

People's rights were protected because the home followed the principles of The Mental Capacity Act 2005 where people lacked capacity to make decisions for themselves.

Staff were well supported and well trained. Staff understood people's needs and provided the care and support they needed.

Staff had built trusting relationships with people. People were happy with the care they received. Staff interactions with people were positive and caring.

There were organised activities and people were able to choose to socialise or spend time alone. People made choices about their day to day lives. They were part of their community and were encouraged to be as independent as they could be.

People, and those close to them, were involved in planning and reviewing their care and support. There was good communication with people's relatives. Relatives visited regularly and felt their views were listened to and acted on.

People liked and trusted the registered manager and provider. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

There were quality assurance processes in place to monitor care and safety and plan on-going improvements. There were systems in place to share information and seek people's views about their care and the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People's medicines were administered and stored safely

People were protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was safely managed.

Is the service effective?

Good 

The service was effective.

People's rights were protected because the correct procedures were followed when people lacked capacity to make decisions for themselves.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good 

The service was caring.

People told us they were happy with the care and support they received to help them maintain their independence.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were supported by staff who respected their dignity and maintained their privacy.

Staff knew the people they were supporting well.

Is the service responsive?

Good 

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People made choices about their day to day lives. People took part in social activities and were supported to follow their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally.

Is the service well-led?

Good ●

The service was well led.

The management promoted an open culture and were visible and accessible to people being supported by the service and the staff.

The aims of the service were well defined and these were adopted by staff.

People were supported and cared for by staff who felt supported by approachable managers.

Systems were in place to monitor and improve the quality of the service for people.

Winash Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 April 2016 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection. We also obtained the views of service commissioners from the local council who also monitored the service provided by the home. During the inspection we spoke with 12 people and five relatives about their views on the quality of the care and support being provided. We spoke with the provider, the registered manager and eight staff members including two activity coordinators, the cook, a housekeeper and the maintenance person. We also spoke with one visiting health professional during our inspection. We looked at documentation relating to three people who used the service, four staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with three further relatives and received feedback from one health professional.

Is the service safe?

Our findings

The service was safe.

All of the people we spoke with told us they felt safe living at Winash. One person told us, "My family doesn't have to worry about me now I am completely safe here". Another commented, "I do feel safe here having people around all the time". People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said, "I think they are incredibly safe. Another commented, "I definitely think they are safe".

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. We looked at four staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. We found one of the staff files did not include a second employer's reference and an application form. We discussed this with the provider who told us the documents must have been misplaced. Following our inspection the provider located the documents and provided evidence they were in place.

The service had suitable arrangements in place to ensure people were safe and protected from abuse. The registered manager, provider and staff knew the importance of safeguarding the people they supported. Staff told us they had received training in safeguarding adults; the provider told us all staff attended an 'introduction to safeguarding' training on their induction and we saw records that confirmed this. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. They told us this would be reported to the registered manager or senior staff and they were confident it would be dealt with appropriately. They were also aware they could report this outside of the organisation to CQC or the local safeguarding authority. One staff member said, "I would report it and am confident it would be dealt with quickly, we 100% take it as a priority". Another said, "I would report it to the managers and would go to CQC if needed, although I am happy the managers would deal with it". We observed posters around the home instructing staff on what action to take if they thought a person was being abused. People told us they were happy with the way staff supported them with their medicines. One person told us, "My medications are on time every morning" another commented, "I do my own medication, they come every week in a dosett box, it makes it so easy".

People had medicines prescribed by their GP to meet their health needs. Where people were able to they managed their own medicines. We saw there were risk assessments in place to enable this. Care plans included information on why medicines were needed. Staff received medicine administration training and had a competency check before they were able to give medicines to people. The registered manager and provider completed on-going competency checks on staff to ensure they remained competent to administer

medicines. This was confirmed in the staff training records. Medicine administration records were accurate and up to date.

Medicine safety was audited every month by the registered manager. The medicines audit identified the stock levels for some people's 'as and when required' medicines did not balance at the end of the month. In response to this the registered manager implemented an audit sheet, this involved staff counting and signing the medicines each time they were administered to ensure the stock was correct. We checked the medicines stock for five medicines which were accurate. Medicines were stored and administered safely. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

People were able to take risks as part of their day to day lives. For example, some people who were independently mobile could walk safely in the home and in the garden. People told us how they accessed the community independently. Records demonstrated assessments were undertaken to identify risks to people who used the service. They gave information about how these risks were minimised to ensure people remained safe. Assessments covered areas where people or others could be at risk such as managing their medicines, risk of falls, risks of malnutrition and risk of pressure ulceration. The staff we spoke with were aware of these risks and the measures in place to reduce them.

People were supported by a sufficient number of staff to keep them safe. Relatives told us there were enough staff available to meet people's needs. Staff told us they thought there were enough staff available to meet people's needs and keep people safe. One staff member told us, "We don't use agency staff at all but cover it with our own staff". Another commented, "We always have loads of staff and shifts are covered".

During our inspection we observed there were enough staff available to respond to people's needs and call bells were answered promptly. We looked at the staff records and discussed staffing levels with the registered manager and provider. The provider told us that staffing levels were based on people's individual needs. They showed us a tool they used to determine the support level of each person and their staffing levels were based around this. The provider confirmed their minimum staffing levels with us. We looked at the staff rota for the previous four weeks and saw the levels were regularly running above this. The registered manager and provider also worked in the home and could provide additional support if this was needed, which they did on the day we inspected. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty.

Is the service effective?

Our findings

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs. One person told us, "The caring here is good and the carers have the right skills to look after us properly". Relatives told us staff understood their family member's care needs and provided the support they needed.

New staff completed an induction when they commenced employment; the registered manager told us they had linked their induction to the Care Certificate. The Care Certificate standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. They told us all of the staff were going to complete the Care Certificate to ensure they had up to date skills and knowledge of their role.

Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member said, "The induction definitely prepared me for the role". Another commented, "I had a mentor, the process was really good and suited my needs. It gave me a really good oversight of expectations and built my confidence".

Staff felt they had enough training to keep people safe and meet their needs. All staff received basic training such as first aid, fire safety, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as dementia care, end of life care and nutrition and hydration. The registered manager and provider told us the staff had recently completed the nutrition and hydration element of the Care Certificate. They said although the staff had completed the training and passed, they thought they had not passed to a high enough standard. In response to this the registered manager and provider were in the process of arranging further training in the subject for all staff. We looked at the providers training matrix which identified some staff required updated training in some subjects. The provider showed us the dates they had booked for staff to attend the training sessions.

Staff had regular formal supervision (a meeting with the registered managers to discuss their work) and annual appraisals to support them in their professional development. They told us this gave them an opportunity to discuss their performance and identify any further training they required. One staff member told us, "We get constructive feedback all the time, they give us enough feedback to know where we need to improve and we get support if needed". Other comments included, "Supervisions are positive, you get feedback and it's always constructive" and "They have supported me so much, they have watched me grow and thanks to them I am going to university".

The management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). They knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. One staff member told us, "We always assume people have capacity to make decisions". Another commented, "We assume capacity until proven otherwise. If we feel someone is making an unwise decision and putting themselves at risk of harm we involve professionals and family members to look at making a best interest decision and it has to be the least restrictive option".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that they were.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records showed the service recorded whether people had the capacity to make decisions about their care.

At the time of the inspection there was one authorisation to restrict a person's liberty under DoLS. We found the home had been following the conditions of the DoLS.

People and their relatives told us they were happy about the food provided. One person told us, "The food is good". Another commented, "We have home-made soup every night it is so good I could almost live on it". Comments from relatives included, "The food is amazing, freshly cooked, always hot and nourishing. There is always fresh fruit, it's like a five star hotel".

There were two meal options on offer each day and the cook told us they spoke to people on a daily basis to ask them what they would like from the options available. They said if people did not like what they had on the menu they would cook alternative options. One person confirmed this commenting, "The food is good, and mostly what I would choose but if not I can ask for an alternative which they will cook and send up for me". People's nutritional needs were identified and monitored as part of the care planning process. The cook had a list of people's likes, dislikes, preferences, allergies and dietary needs available in the kitchen. They told us this was documented when people moved to the home. One person told us, "I am a type 1 diabetic; the cooks came to see me to discuss what I could eat before coming here".

The registered manager told us how they had recently completed a mealtime observational audit in order to review the nutritional and hydration needs of the people living at Winash. We saw records of the audit and the registered manager had identified where people required monitoring or additional support. For example, one person was identified as needing encouragement to drink fluids and others were identified as eating and well with no action required.

Guidelines were in place to ensure people received a diet in line with their needs and staff were aware of these. One person told us, "We have wonderful food and they try to make the diabetic puddings the same as all the others so it doesn't seem as if we are having something special". Where people were at risk of malnutrition this was identified in people's records. The cook told us how they fortified meals with cream and extra calories to support people to gain weight in these instances.

We observed the lunchtime meal in the dining room. The atmosphere was calm, relaxed and a sociable experience with people chatting to each other. Staff offered people assistance where required and people had condiments available on the table if they wanted them. We also observed one person being supported by staff to eat their meal in their room. The staff member explained to the person what the meal was and checked they were happy with this. The staff member asked the person if they would like salt and pepper on their meal before starting to support them, they went on to support the person in an unrushed and relaxed manner.

People's health care was well supported by staff and by other health professionals. One relative described

how they had recently requested a meeting because they were concerned about their relatives decline in mobility. They said how a GP appointment was made "Quickly" and a Physiotherapist referral had been requested. They told us, "We had a same day meeting and I am happy with the outcome. They always inform me what's going on; I couldn't be more kept in the loop".

Records demonstrated people were supported to see their GP, optician, chiropodist and the district nurse as required. A record was kept of each appointment and the outcome. Changes to people's care were made where necessary. For example, one person had lost weight. The registered manager had responded to this by involving a dietician and other health professionals. Changes had been made to this person's care in response to this. Health professionals spoke positively about the staff and their knowledge of people's needs. One health professional told us, "They are great, one of the best. They are on the ball and proactive; they definitely know people well and contact us if there are any issues".

People spoke highly of the staff who worked in the home and the care they provided. One person said "I don't know what I would do without them." The staff team at the home had a very good knowledge of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. Another health professional told us, "The staff know people well, they are very attuned to their needs".

Is the service caring?

Our findings

The service was caring.

Each person spoken with said staff were very kind and caring. People praised the way staff cared for them. Their comments included; "We do have some really nice staff here they are so pleasant and kind" and "I feel like I have come home, I felt that the minute I arrived, it has always been just like home from home". Comments from relatives included; "The staff are amazing, they are kind, caring and have time" and "I cannot speak highly enough of the staff, they are so kind". A health professional told us from their observations staff were, "Very caring".

Staff had built trusting relationships with people. Throughout our inspection staff interacted with people who lived at the home in a caring way. For example, one member of staff told one person their "Hair looked lovely". There was a good rapport between people; some chatted happily between themselves and with staff. There was laughter, chatter and friendly conversations. One relative told us, "The residents are happy, all I hear is chatter". Staff talked positively about people and were able to explain what was important to them such as their family members, being kept "In the loop" with information and maintaining their independence.

People chose what they wanted to do and how and where to spend their time. Comments included; "I choose to stay in my room sometimes but the staff always pop in to check that I am okay" and "I can't fault the staff for anything; they will leave us alone if we want them to, but they are always there when we need them". Staff told us how they supported people to follow their spiritual beliefs. One person had bible excerpts on their bedroom wall, staff told us how reading these to the person soothed them. We saw evidence in the person's records that staff had spent time with the person reading these.

We observed staff treating people with dignity and respect. For example, ensuring they were on the same level as people when they were talking to them and knocking on bedroom doors before entering. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and knocking on people's bedroom doors. One staff member said, "I always explain what I am doing and ask first if it's ok". Another staff member said, "I always knock on the door and explain why I am there and ask if they are happy with my assistance". Staff had a good understanding of confidentiality. Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

We observed a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included, 'Throughout their stay staff were so kind and patient, treating them with dignity and respect, it was wonderful to see their confidence grow'. Another comment stated, 'Thank you for all of the care and compassion, you are a wonderful team'.

Each person who lived at the home had a single occupancy room where they were able to see personal or

professional visitors in private. People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One person told us, "my sons are local and can pop in easily at any time to suit them, there are no restrictions". One relative said, "I am here every day, I see everything and I am made to feel incredibly welcome". Health professionals also commented they were made to feel welcome by the staff. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

Is the service responsive?

Our findings

The service was responsive.

People told us they made choices about their day to day lives. One person said, "The best thing is the freedom to be ourselves, we don't have to be anything special, and we can come and go as we please". People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations.

During the inspection we read three people's care records. A computerised care planning system was in place. Staff told us the system was, "Easy to use". All of the care plans were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. Staff had a good knowledge of the people who lived at the home and were able to pick up if people needed any changes in their care. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. One staff member said, "We read the care docs every shift, I find them detailed and you can pick up on how people are feeling".

People and their relatives were involved in developing and reviewing care plans. Care plans were signed by people to confirm their agreement. Comments from relatives included, "I am very involved in care planning, I am happy that the care plan is accurate and if I wanted anything to change I know they would". Staff told us how they had weekly 'key worker' meetings which involved them spending time with the person talking to them and finding out if they are happy. One staff member said, "It gives them a chance weekly to tell us what's going on and if they are happy". The registered manager told us that during the key worker meeting the staff member would also look through the person's weekly records. They said staff would note how the person had been to indicate if they were happy or unhappy about any aspect of their care and support. The registered manager told us care plans were reviewed six monthly and people and their relatives were invited to be part of the review. Relatives confirmed this.

People and their relatives spoke positively about the activities provided. One person told us, "They put on things to keep our brains active; it's really good, they must have a waiting list of people wanting to come here". Other comments included; "I like the discussions and quizzes they are really good" and "I enjoy the bingo; I never thought I would, but it's the people you are with that makes it". One relative said, "They respect that [name of relative] likes their own company and try to involve them in appropriate activities".

One person told us how they had been supported to start knitting again. They said, "I haven't knitted for a long time, I've really enjoyed it and am doing things that I wouldn't have dreamed of doing". They told us how they had recently knitted some toy mice and the activity staff had helped them to sew these together. On the day of our inspection we observed the activity staff supporting people to place the knitted mice into a 'May day' display in the home. During this time staff involved people in deciding where each knitted animal would be placed and they engaged people in discussions about May day celebrations in their past. Staff told us they had arranged for a local newspaper reporter to attend the home on the day of our inspection to take photographs of the display for an article. We were told during the inspection the reporter had cancelled the

appointment. The staff responded by supporting people to take photographs of the display; they told us the photographs would be sent to the local newspaper for them to use.

During the afternoon on the day of our inspection we observed an activity involving 'music for health'. One person said, "The exercises are good too, they stop bad joints getting too stiff".

We observed thirteen people had chosen to take part in this activity. A notice displayed in the home showed other activities being held during the week. These included table skittles, one to one time, quizzes and the local nursery children coming into the home to play games.

The registered manager told us how they were arranging a street party for people to attend in celebration of the queen's birthday. The activities coordinator told us, "The manager really values social activities, as do the residents, and the manager has never said no to any of the suggestions made." We saw evidence of the preparation arrangements such as organising entertainers, arranging permission for the road to be closed. The registered manager told us how they were liaising with the local scout group to arrange the tables for the party.

People and their relatives said they would feel comfortable about raising a concern if they needed to. People told us they would speak to staff and were given a copy of the complaints procedure when they moved in to the home. Relatives were aware of the complaints policy and were confident if they did raise any concerns they would be dealt with by the registered manager or provider. One relative told us, "I am aware of the complaints policy and there is always someone to speak to. I am not made to feel my concerns are irrelevant in any way". Another commented, "There is always someone there if you need them, the manager is very assessable".

There had been seven complaints received by the service in the past year and these were responded to in line with the provider's policy. We saw one complaint had been received from a person stating they would like to have a shower without having to go downstairs to another level of the home. This had been discussed with the person and their keyworker and it had been arranged for the person to have a shower in the hair dressing salon where there were showering facilities available on the same floor as their bedroom.

People were asked for feedback on the service provided. Residents meetings were held quarterly to discuss topics relating to the home and for people to give their feedback. We saw records of these meetings and they covered items such as feedback on meals, availability of managers, activities, laundry and staff. One person was raising concerns about their preferred temperature of their meals. The registered manager and staff were working with the person to ensure the food was served as they required whilst remaining safe. The provider also showed us a copy of a monthly newsletter they distributed to share information relating to the home.

Surveys were undertaken to receive feedback from people using the service and their relatives annually. The survey included people and their relative's views on areas such as feeling safe, the standard of the care and service of the home, the staff, being involved in decisions about care and the management. We saw the results from the latest survey carried out in February 2016. The provider had identified areas to improve from the feedback received and had an action plan in place. This included staff having more time to chat, raising people's awareness of care planning and staff training. We also observed feedback cards were available in the entrance of the home for people and relatives to give their opinions on the home.

Is the service well-led?

Our findings

The service was well led.

There was a management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service.

There were two registered managers in post at Winash. One of the registered managers was also the provider. The registered manager and provider told us they kept their skills and knowledge up to date by researching on the internet. They used websites and online forums to receive information and updates relating to legislation and practice. The registered manager and provider told us they met regularly to look at people's needs, staffing issues and any safeguarding. They told us action points were created as a part of the meeting and we saw records of these.

Staff told us the registered managers were approachable and accessible and they felt confident in raising concerns with them. One staff member told us, "The managers are helpful and they are understanding, easy to talk to and non judgemental". Other comments included, "They are available all of the time" and "The manager is always on the floor". The registered manager told us, "We promote visible 'hands on' management, we know the staff listen to them and have an 'open door' policy". Staff spoke positively about working at Winash. One staff member told us, "It's lovely working here, its fantastic I love coming to work, the team are brilliant". Other comments included, "I love it here" and "We are all a team here, we work well together".

The registered manager and provider told us they spent time with staff observing them formally and giving them feedback to support their development and promote best practice. We saw an observation record that covered staff supporting at mealtimes, personal care, moving and handling and bathing. The registered manager told us these observations were carried out as part of a new employees induction and annually following this. They said staff would only be able to carry out each of these activities independently once they were signed off as being competent. The staff we spoke with confirmed this process. One staff member said, "They are very thorough and wont sign you off unless they are 100% confident in your competence".

We spoke with the registered manager and provider about their vision for the service and they told us this was, "To enable people to do as much as they can for as long as they can, we are a home". They told us they shared their vision through staff interviews and their induction. Staff understood the aims of the service and worked in ways which promoted them. One staff member told us, "We promote independence, we are here to help them to help themselves for as long as we can" and "We are here to promote independence and build trusting relationships".

We looked at staff meeting records which showed meetings were held every two months to address any issues and communicate messages to staff. Items discussed included training, safeguarding, identified areas of improvement and discussions relating to people's needs. Staff told us they felt able to voice their opinions during staff meetings. Comments included, "We talk about each resident individually, talk about any

safeguarding issues or concerns about people's health" and "As a team we are close to each other we feel able to bring things up and are listened to".

The service had quality assurance systems in place to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included medicines, records, training, infection control and complaints. The audits identified shortfalls in the service and the action required to remedy these. All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. Action points were recorded as an outcome and we saw evidence of these being completed. The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.